



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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130 Dufferin Avenue 4th floor  
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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 11, 2016	2016_457630_0033	027440-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

RITZ LUTHERAN VILLA  
R.R. 5 MITCHELL ON N0K 1N0

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**Long-Term Care Home/Foyer de soins de longue durée**

RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN R.R. #5 MITCHELL ON N0K 1N0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AMIE GIBBS-WARD (630), NANCY SINCLAIR (537), NEIL KIKUTA (658)

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**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): September 20, 21, 22, 26, 27, 28 and 29, 2016.**

**The following concurrent inspections were conducted within the Resident Quality Inspection (RQI):**

**Follow up log #032462-16 (compliance date December 4, 2015) related to staff communication and response system;**



**Complaint Log # 018381-16/IL-44831-LO related to continence care and personal support services;**  
**Complaint Log # 019080-16/IL-45064-LO related to pain management, sufficient staffing, food quality and alleged staff to resident abuse;**  
**Complaint Log # 019394-16/IL-45344-LO related to personal support services and sufficient staffing;**  
**Complaint Log # 019403-16/IL-45352-LO related to pain management, sufficient staffing, responsive behaviours and alleged staff to resident abuse;**  
**Complaint Log # 023625-16/IL-45848-LO related to pain management, responsive behaviours, food quality and alleged staff to resident abuse;**  
**Complaint Log #024238-16/IL-45929-LO related to minimizing of restraining and alleged staff to resident abuse;**  
**Complaint Log #012456-16/IL-44150-LO related to sufficient staffing;**  
**Complaint Log #007271-16/IL-43370-LO, IL-43168-LO, IL-43496-LO related to Family Council;**  
**Complaint Log #019756-16/IL-45047-LO related to Family Council;**  
**Complaint Log #019380/ IL-45047-LO related to Family Council;**  
**Complaint Log #005989-16/ HLTC2966MC-2016-1044 related to Family Council;**  
**Complaint Log #019380/ IL-45047-LO related to Family Council;**  
**Complaint Log #020609-16 related to Family Council;**  
**Complaint Log #021867-16 related to Family Council;**  
**Complaint Log #021863-16 related to Family Council.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Program Support Director, the Nutrition Services Director, the Building Services Director, the RAI Coordinator, one Registered Dietitian (RD), three Registered Nurses (RN), six Registered Practical Nurses (RPN), eight Personal Support Workers (PSWs), one Housekeeping Aide, six family members and 20 plus residents.**

**The inspectors also observed resident rooms and common areas, observed medication storage areas, observed medication administration, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and reviewed various meeting minutes .**

**The following Inspection Protocols were used during this inspection:**



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**Accommodation Services - Housekeeping  
Dignity, Choice and Privacy  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**7 WN(s)**

**6 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**



**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that could be easily seen, accessed and used by the resident at all times.

An identified resident reported to an inspector during the Resident Quality Inspection (RQI) that they had concerns about the call bell system in their room. This identified resident was observed by an inspector having difficulties using the call system in their room.

Review of clinical records showed this resident had previously expressed concerns about the call system to the staff in the home.

During an interview with an identified staff person it was reported that this resident often expressed concerns about the call system.

The Director of Care (DOC) said it was the expectation in the home that the resident-staff communication and response system would be accessible and easily used by each resident. [s. 17. (1) (a)]

2. The licensee has failed to ensure that a resident-staff communication and response system was available in every area accessible by residents.

During the initial tour of the home it was observed that there was no resident-staff communication and response system in the worship centre on the first floor.

During an interview with the Building Services Director it was reported that all areas accessible by residents should have a resident-staff communication and response system, and that the worship centre was missed during implementation of the new system.

The scope of this issue was isolated. The severity of the issue was determined to be level two with potential for harm to a resident. It was previously issued as a Compliance Order with Written Notification on November 24, 2015, from Inspection # 2015\_260521\_0045 with a compliance date of December 4, 2015. [s. 17. (1) (e)]



***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

During the RQI it was observed by two inspectors that an identified resident had activated the call response system in their room and it took approximately 35 minutes before a staff member provided the requested care to this resident.

During and interview this identified resident expressed that they did not receive the care they required in a timely manner and as a result they felt embarrassed and upset.

Review of the "Callpoint Detailed Activity Report by Location" report verified that the call bell had sounded for a duration of 30 minutes and 23 seconds before it was cancelled when it was answered by staff. [s. 3. (1) 1.]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to the resident.

A) During the RQI an identified resident reported they used a specified device for repositioning and this had been in use since their admission.

Observations found this specified device was in place for this resident.

During an interview with an identified staff person it was reported that they were unsure whether this resident used the specified device and that they would look in the plan of care for direction.

Review of the plan of care for this resident #007 found this specified device was not included as an intervention.

During an interview with the Resident Assessment Instrument (RAI) Coordinator it was acknowledged that this specified device was not included in the plan of care for this identified resident (630).

B) Observations during the RQI found an identified resident was observed with a specified device in place.

This resident confirmed that they used this specified device and reported it had been in place since admission.

An identified staff person stated that they thought that this resident used this specified device, but said they would have to check the care plan for confirmation.

During an interview with RAI Coordinator they stated that the use of this specified device would be documented in the care plan. They acknowledged that this specified device was not in the plan of care for this resident and that it needed to be added.

During an interview the DOC stated that it was the expectation in the home that side rails would be included in the plan of care if they were being used as an intervention for a resident (537). [s. 6. (1) (c)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that where bed rails were used, the resident had been assessed to minimize risk to the resident.

During the RQI it was observed that two identified residents had a specified device in place.

Review of the clinical records for these residents found that on the admission these devices were implemented as an intervention. There was no documented evidence that an assessment had been completed for either resident prior to a quarterly review.

During an interview with the RAI Coordinator it was acknowledged that there was not an assessment completed.

During an interview with the DOC it was acknowledged that an assessment had not been completed for these resident when the specified intervention had been initiated. The DOC stated it was the expectation in the home that assessments would be done for the use of these devices.

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring that where bedrails are used, the resident has been assessed to minimize risk to the resident, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement**

**Specifically failed to comply with the following:**

**s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that a Personal Assistive Services Device (PASD) used to assist a resident with a routine activity of living was included in the residents' plan of care.

Multiple observations during the RQI found an identified resident had specified devices in place.

During an interview with this identified resident it was confirmed that staff used these specified devices on a regular basis.

During an interview with an identified staff member it was reported that staff used these specified devices for this resident on a regular basis.

The RAI Coordinator reported to an inspector that this identified resident used these specified devices and acknowledged they were not included in the plan of care.

Review of the plan of care for this resident found there was no direction provided for staff regarding these specified devices.

During an interview with the DOC it was reported that it was the expectation in the home that these devices would be included in the plan of care to provide direction for staff regarding the purpose and intended use of these interventions. [s. 33. (3)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring that a Personal Assistive Services Device used to assist a resident with a routine activity of living is included in the residents' plan of care, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown or skin tears, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

During the RQI and identified resident was observed to have altered skin integrity.

During an interview with a staff member it was confirmed that this resident had altered skin integrity on a specified area and that staff had been treating this area.

A review of the resident's progress notes indicated that a skin integrity note was documented by a Registered Nurse (RN) related to this altered skin integrity.

Review of Policy 03-06 with a date of origin of June 2010, showed that a specific area of altered skin integrity would be documented in the wound care record, progress notes, care plan, and treatment administration record. The policy stated that the "wound care record would be used to document the location and category of impaired skin as well as the treatment and progression of healing."

Review of Policy 03-09 with a date of origin of June 2010, showed that a wound care record would be initiated for every wound or alteration in skin integrity that required treatment. The policy further stated that progress notes were used to document any additional information related to wound care and treatment.

During an interview with an identified staff member it was stated that there was no assessment of this resident's altered skin integrity, and that staff should have initiated a wound assessment.

The DOC stated that a wound assessment should be completed upon any skin breakdown, and that a skin integrity progress note was not sufficient. [s. 50. (2) (b) (i)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring that a resident exhibiting altered skin integrity, including skin breakdown or skin tears, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device**

**Specifically failed to comply with the following:**

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff only applied a physical device that had been approved by a physician or registered nurse in the extended class.

Observations during the RQI found an identified resident had a specified restraint in place.

During an interview with this identified resident it was reported that staff applied this restraint on a regular basis.

During an interview an identified staff member reported that they applied this restraint to this resident on a regular basis and this had occurred since the resident's admission to the home.

Review of clinical record for this resident found no documented evidence of an order by a physician or nurse in the extended class for this restraint.

During an interview the RAI Coordinator reported that this identified resident was not to be using this restraint as there was no order for this restraining device.

The DOC reported that the device being used for this identified resident was considered a restraint and required an order from the physician prior to a specific device being applied by staff. The DOC stated that to her knowledge this resident did not have an order for the restraint and it was the expectation in the home that staff were not using this intervention. [s. 110. (2) 1.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring that the staff only apply a physical device that has been approved by a physician or registered nurse in the extended class, to be implemented voluntarily.***





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**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 7th day of November, 2016**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMIE GIBBS-WARD (630), NANCY SINCLAIR (537),  
NEIL KIKUTA (658)

**Inspection No. /**

**No de l'inspection :** 2016\_457630\_0033

**Log No. /**

**Registre no:** 027440-16

**Type of Inspection /**

**Genre** Resident Quality Inspection  
**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Oct 11, 2016

**Licensee /**

**Titulaire de permis :** RITZ LUTHERAN VILLA  
R.R. 5, MITCHELL, ON, N0K-1N0

**LTC Home /**

**Foyer de SLD :** RITZ LUTHERAN VILLA  
PART LOT 16, CON 2, LOGAN TWN, R.R. #5,  
MITCHELL, ON, N0K-1N0

**Name of Administrator /**

**Nom de l'administratrice**  
**ou de l'administrateur :** Jeff Renaud

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To RITZ LUTHERAN VILLA, you are hereby required to comply with the following  
order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

Ordre no : 001

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

Lien vers ordre existant: 2015\_260521\_0045, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**

The licensee shall ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents including the worship centre.

**Grounds / Motifs :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that could be easily seen, accessed and used by the resident at all times.

An identified resident reported to an inspector during the Resident Quality Inspection (RQI) that they had concerns about the call bell system in their room. This identified resident was observed by an inspector having difficulties using the call system in their room.

Review of clinical records showed this resident had previously expressed concerns about the call system to the staff in the home.

During an interview with an identified staff person it was reported that this resident often expressed concerns about the call system.

The Director of Care (DOC) said it was the expectation in the home that the resident-staff communication and response system would be accessible and easily used by each resident.

(658)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2016**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.





**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 11th day of October, 2016**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** Amie Gibbs-Ward

**Service Area Office /  
Bureau régional de services :** London Service Area Office